

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030724

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2043

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Clayton

Length of stay in 1b
D.O.A.

c. CITY
OR
TOWN Florissant

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis County Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 840 Gonzaga

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Roy Christian

4. DATE
OF
DEATH June 24, 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-8-1898

9. AGE (last birthday)
64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Structural Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY
Rolla & Alberici

11. BIRTHPLACE (City and state or country)
Rogersville, Tenn.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Yance Christian

13b. MOTHER'S MAIDEN NAME
Ellen Dykes

14. NAME OF HUSBAND OR WIFE
Irene Christian

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
[redacted]

17. INFORMANT
Address
Mrs. Irene Christian, 840 Gonzaga

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Natural causes, probable coronary

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour s.m. Month, Day, Year
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at 11:17 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Coroner

22b. ADDRESS
Clayton, Missouri

22c. DATE SIGNED
6/29/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE
6-27-63

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county)
St. Louis, Missouri.

(State)

24. FUNERAL DIRECTOR
Address
Hahn, Bernheim & Son Funeral Directors,
2101 East Fair Ave. St. Louis 1, Mo.

25. DATE RECD. BY LOCAL REG.
6-26-63

26. REGISTRAR'S SIGNATURE
John B. Murphy M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
14002
24013
3
4 0
5 1
6
7 1
8 2
9420.1
10
11
12 92-3
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5146

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.